

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **297.50**

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN -2 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000002223

1. Corporation Name **WESTON HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
% SENTRY MANAGEMENT, INC. 2980 HARTLEY RD WEST STE 4 JACKSONVILLE FL 32257	% SENTRY MANAGEMENT, INC. 2180 WEST SR 434 STE 5000 LONGWOOD FL 32779

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3316589	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
P/D	CHUCK COOPER <i>Chuck Cooper</i>	1823 WESTON CIR	JACKSONVILLE FL 32073
VP7N	DAN BISHOP	1863 WESTON CIR	JACKSONVILLE FL 32073
S/D	SAM HONEYCUT	1846 WESTON CIR	JACKSONVILLE FL 32073
T/D	RACHEL LANIER <i>Rachel Lanier</i>	1838 WESTON CIR	JACKSONVILLE FL 32073
D	GINGER COLLIE	1833 WESTON CIR	JACKSONVILLE FL 32073

REINSTATEMENT

96-97

8. Name and Address of Current Registered Agent

LOUIS HUNTLEY
1890 KINGSLEY AVE
ORANGE PARK FL 32065

9. Name and Address of New Registered Agent

Name **CATHY WINTERFIELD**
Street Address (P.O. Box Number is Not Acceptable)
SENTRY MANAGEMENT, INC.
Suite, Apt. #, Etc.
2980 HARTLEY DR STE 4
City **JACKSONVILLE** State **FL** Zip Code **32257**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Cathy Winterfield*
REGISTERED AGENT MUST SIGN

Date **April 2, 1997**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-2-97** Daytime Phone #

CP2E040 (12/96)